

# FIRE BOARD OF APPEALS Amended AGENDA



**MEETING DATE July 13, 2018**

**TIME: 8:30 A.M.**

**LOCATION: Pikes Peak Regional Building Department  
2880 International Circle – Hearing Room**

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## **CALL TO ORDER**

## **ADMINISTRATIVE**

### **1. Review of Previous Meeting's Minutes**

Fire Board of Appeals Meeting Minutes dated May 11, 2018

### **2. Contractor Licensing**

#### **A. Fire Alarm Contractor (FAC) A**

- i. Name of Company: Frontier Fire Protection  
Principal Officer: Greg Londo, CEO  
Licensee: Otto A. Lau  
RME: John A. Drost
- ii. Name of Company: Security Technology Services LLC  
Owner: Timothy R. Calvert, Operator  
Licensee: Timothy R. Calvert  
RME: Timothy R. Calvert

#### **B. Fire Alarm Contractor (FAC) B**

Name of Company: Bonaventure of Colorado Springs  
Owner: Kelley Hamilton, CEO  
Licensee: Nathan R. Schmidt  
RME: Nathan R. Schmidt

## **ADJOURN**

Respectfully submitted,

A blue ink signature of Brett T. Lacey, written in a cursive style.

Brett T. Lacey, Fire Marshal  
Secretary to Fire Board of Appeals

# PIKES PEAK REGIONAL BUILDING DEPARTMENT

## Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☒ FAC-A      ☐ FAC-B

**RBD USE ONLY**

Date 5-15-2018  
Initial SE  
Receipt # 1500318  
RBD # 22394

### Business Information

Type of Entity (Check one)    ☐ Individual    ☐ Partnership    ☐ Corporation    ☒ LLC

Business Name: Frontier Fire Protection

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: \_\_\_\_\_

Business Address: 9340 E 40th Ave

Street Address

Apartment/Unit #

Denver

CO

80238

City

State

ZIP Code

Business Phone: 303-629-0221

Business Email: admin@frontierfireprotection.com

Business Fax: n/a

Business Website: www.frontierfireprotection.com

Company's Principal Officers, Partners, or Owners

Name: Greg Londo

Title: CEO

Name: \_\_\_\_\_ Title: \_\_\_\_\_

1. Number of years company has operated as a contractor? (If new, write "new") \_\_\_\_\_

2. Type of work performed? (Check one or both, if applicable)      ☒ Residential    ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor?    ☐ Yes    ☒ No If yes, Explain \_\_\_\_\_

4. Has the company been a defendant in a collection action court case?    ☐ Yes    ☒ No If yes, Explain \_\_\_\_\_

5. Has the company ever declared bankruptcy?    ☐ Yes    ☒ No If yes, Explain \_\_\_\_\_

6. Has the company ever had a license suspended or revoked?    ☐ Yes    ☒ No If yes, Explain \_\_\_\_\_

7. Has the company ever defaulted on a contract?    ☐ Yes    ☒ No If yes, Explain \_\_\_\_\_

### Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction- License type and number

Aurora - Fire Alarm - 2017-1353253

Vail - Fire Alarm 151705

Denver - Fire Sprinkler - LIC00245672

Castle Rock - Single Trade - 17-2448

**Project History (List projects in which this company worked as the contractor.)**

1. Project Street Address: 2525 S. Downing St

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$180,000 Date: 12/2017 Your position: Fire Alarm Contractor

Describe Job in detail: Hospital going through renovation in surgery area, cafe and other areas.

2. Project Street Address: 6800 W. 118th Ave

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$40,000 Date: 2/2018 Your position: Fire Alarm Contractor

Describe Job in detail: Fire Alarm and detection for storage facility

3. Project Street Address: 830 Holly St

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$35,000 Date: 1/2018 Your position: Fire Alarm Contractor

Describe Job in detail: Retrofit fire alarm with voice evacuation in an existing church per fire department request.

4. Project Street Address: 13150 Quebec St, Thornton, CO

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$26,000 Date: 11/2017 Your position: Fire Alarm Contractor

Describe Job in detail: Provide clean agent including the detection and controls for data center.

5. Project Street Address: 3201 W 19th Ave

Type of work (check one) ☒ Residential ☐ Commercial

Cost: \$10,000 Date: 11/2017 Your position: Fire Alarm Contractor

Describe Job in detail: Fire sprinkler monitoring for town homes. Each dwelling unit provided with low frequency sounders.

**CERTIFICATION** (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Otto Lau

Signature: 

Date: 5-14-2018

## Responsible Managing Employee (RME) Information

Legal Name: Drost John A  
Last First M.I.  
 Date of Birth: 08/19/1982 Social Security Number: [REDACTED]  
 Address: 15051 E Crestline Ave  
Street Address Apartment / Unit #  
Aurora CO 80015  
City State ZIP Code  
 Phone: 720-231-4842 Fax: \_\_\_\_\_ Email: jdrost@frontierfireprotection.com

1. What is your area of expertise in the industry? Fire Alarm
2. How long have you worked in the industry? 14 Years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

### Certifications

NICET #	NICET Level	Expires
128938	III	04/01/2019
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

### Work History

Company	Position	To	From
Western States Fire Protection	Sales / Project Manager	4/2004	1/2018
Frontier Fire	Sales / Project Manager	1/2018	Current

**CERTIFICATION** (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): John Drost - Project Manager

Signature of (RME): [Signature] Date: 5/14/18

### Licensee Information

Legal Name: Lau Otto A  
Last First M.I.  
 Date of Birth: 10/11/1974 Social Security Number: [REDACTED]  
 Address: 21181 E Lehigh Pl  
Street Address Apartment/Unit #  
Aurora CO 80013  
City State ZIP Code  
 Phone: 303-956-3447 Fax: \_\_\_\_\_ Email: otto@frontierfireprotection.com

1. What is your area of expertise in the industry? Fire Alarm and Special Hazards
2. How long have you worked in the industry? 18 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

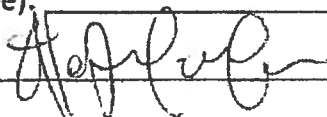
### Certifications

NICET #	NICET Level	Expires
110711	IV	03/01/2019
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

### Work History

Company	Position	To	From
Frontier Fire	Sales/Manager	1/2017	Present
Ottoprotech	Owner	10/2015	1/2017
Western States Fire	Manager	1/2008	10/2015

**CERTIFICATION** (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Otto Lau - Fire Alarm Manager  
 Signature of (Licensee):  Date: 5-14-2018



6170 AURORA BL  
1107 E LEMAY AVE  
AURORA, CO 80011



JOHN ALLEN DROST  
15051 E CRESTVIEW AVENUE  
AURORA, CO 80015

**PIKES PEAK REGIONAL BUILDING DEPARTMENT**  
**Contractor -- FRONTIER FIRE PROTECTION, LLC. ( 22394 )**

**Status: ACTIVE**

**Type of Business: Partnership**

**In Business Since: 06-Apr-2017**

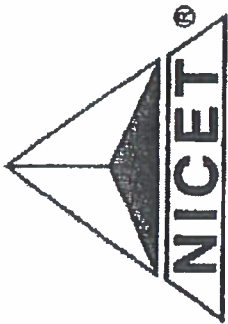
9430 E 40TH AVE  
DENVER, CO 80238  
Phone: (303) 629-0221  
Fax: (303) 623-7830  
Officer #1: LONDO, GREG -PRES  
Officer #2: SKINNER, TRACY - COO

**LICENSES**

Last Name	First Name	D	T	Cat	Subcat	Phone	Expires	Renewed
SKINNER	TRACY	B	D	7A	FSC-A	(303) 475-8393	04/30/2019	03/26/2018

**OBLIGATIONS**

T	Agency	Reference #	Expires
L - Liability	EVERET REINSURANCE COMPANY	51GL007715-171	05/29/2018
N - Nicet	NICETT III	97029 SKINNER	08/01/2019
W - Workers Comp.	PINNACOL	4183289	06/01/2018



# NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

*Providing Certification Programs Since 1961*

BE IT KNOWN THAT

**Otto A. Lau**

IS HEREBY AWARDED CERTIFICATION AT

LEVEL IV

IN FIRE PROTECTION ENGINEERING TECHNOLOGY  
FIRE ALARM SYSTEMS

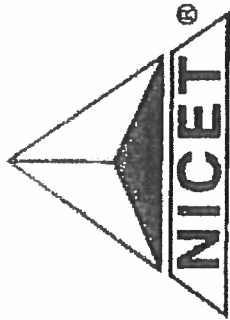
**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,  
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through March 1, 2019

CERTIFICATION NUMBER 119711

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



# NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

*Providing Certification Programs Since 1961*

BE IT KNOWN THAT

**Otto A. Lau**

IS HEREBY AWARDED CERTIFICATION AT

LEVEL III

IN FIRE PROTECTION ENGINEERING TECHNOLOGY  
SPECIAL HAZARDS SUPPRESSION SYSTEMS

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,  
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through March 1, 2019 .

CERTIFICATION NUMBER 110711

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

# Otto Antonio Lau

2/20/2018

## RESUME – CURRICULUM VITAE

### CONTACT INFO:

Frontier Fire Protection  
9430 East 40<sup>th</sup> Avenue  
Denver, CO 80238  
303-956-3447

[otto@frontierfireprotection.com](mailto:otto@frontierfireprotection.com)

### OBJECTIVES

Offer my 17 years of specialized experience from field installation to system engineering & sales in the fire alarm detection & special hazard suppression industry. Specialized in Sites Analysis, Design, Turn-Key Project Management in Fire Alarm Systems, Building Smoke Control Systems, Early Warning Detection, Data Center Emergency Power Shutdown Systems, Data Center Clean Agent Suppression System, Industrial Paint Booths & Chemical Storage Suppression Systems, Explosive Gaseous Detection Systems, Aerosol Suppression Systems, Vehicle & Marine Engine Compartment Suppression Systems, and Sprinkler Pre-Action Deluge Control Systems. Good knowledge of LEED (Leadership in Energy and Environmental Design) experience in innovative design for fire protection system.

### CAREER HIGHLIGHTS

- Project Manager Teamwork Award in 2002.
- Introduced Fire Alarm and Special Hazards into Western States Fire Protection Company nationwide in 2006.
- Designed training courses for end users and building engineers that are IFMA (International Facility Management Association) & BOMI International accredited for continuing education.
- Started the Life Safety Monitoring Service for Western States nationwide (Western Monitoring) in 2007.
- ANSUL Engineered System Sales Pacesetter for 2010, 2011 & 2012.
- Western States Fire Protection Gold Outstanding Salesmanship Award for 2012 in Alarm & Detection Division Nationwide.
- Developing the Fire Alarm Division for Frontier Fire Protection since 2014.

### EDUCATION

- Rocky Mountain College of Art & Design (Study in Graphic Design 1994-1996)
- Boston University (Certification in Foundations in Project Management 2006)
- NICET Certified Level 4 in Fire Alarm Systems. Certification # 110711
- NICET Certified Level 3 (Passed Level 4) in Special Hazard Systems.
- FMI Leadership Institute Training for Construction Industries. (Certificate)

## EXPERIENCE

- 2016-Current: Division Manager of the Alarm & Detection and Life Safety Systems Inspections Department of Frontier Fire Protection.
- 2014-2016: Senior Consultant for Design & Sales in Fire Alarm and Clean Agent Systems at OTTOProTech Fire Consultants, LLC. Partnering with Frontier Fire Protection.
- 2012-2014: Special Hazard and Fire Alarm Division Executive Sales and Engineering of Western State Fire Protection.
- 2007-2011: Division Manager of the Alarm & Detection and Life Safety Systems Inspections Department of Western States Fire Protection.
- 2006-2007: Service Manager of the Alarm and Detection Department of Western States Fire Protection.
- 2000-2005: Project Manager of the Contract Alarm & Detection division for API Systems Group (Later merged with partnering fire protection company Western States Fire Protection).

## SKILLS & CERTIFICATION

- NICET Certified Level 4 in Fire Alarm Systems.
- NICET Certified Level 3 in Special Hazard Systems.
- ANSUL Factory Certified in INERGEN & SAPPHIRE Clean Agent Suppression Systems.
- NOTIFIER Factory Trained large systems installer/programmer.
- Safe System Factory Trained in Incipient Fire Detection.
- VESDA Factory Trained for Air Sampling Smoke Detection Systems.
- Fireway Factory Trained Stat-X Aerosol Fire Suppression.
- Wheelock Factory Trained Mass Notification Systems.
- Protectowire Linear Heat Detection Design & Installation.
- City of Redmond, Washington Designer of Record.
- City of Denver, Colorado Certified Installer/Supervisor.
- City of Denver Electrical Signal Supervisor.
- City of Boulder, Colorado Certified Installer/Supervisor.
- City of Colorado Spring, Colorado Certified Supervisor & Reviewing Engineer.
- City of Loveland, Colorado Certified Reviewing Engineer.
- City of Aurora, Colorado Designer of Record.

## MAJOR PROJECTS

**700 17<sup>th</sup> Street (Legacy Towers) in 2001.** 24 Story High Rise with FCI 7200 fire alarm system with voice evacuation, smoke control system and graphic panel. Completed installation and programming of this system to meet Denver High Rise codes and NFPA requirements. Programmed and project managed installation field team. Currently maintaining all required inspections and services.

**2525 Downing Street (Porter Adventist Hospital) 2002-current.** 5 Story Hospital with a complex network system of multiple panels with point lit graphics panel. Multiple NOTIFIER NFS2-640 systems, NFS2-3030 and NFS-320 networked into multiple NCA Displays to control a campus point lit graphic annunciator. Sales Specification consultant, designed system and project managed all mentioned systems. Currently maintaining all required inspections and services.

**151 Detroit Street (Janus Funds) 2003.** 16 story high rise office building with a FM-200 Clean Agent Suppression System on the 3rd floor. Building's Main NOTIFIER NFS-3030 system includes voice evacuation notification, point lit graphic system, building automation interface and complex smoke control operations. Completed system to meet engineered specification. Project Manager & System programmer on this project.

**1551 Wewatta Street (Gates Headquarters) 2003.** 10 story high rise office building with a VESDA Early Detection System on the 5th floor data center. NOTIFIER networked system of two NFS-640 panels which includes voice evacuation notification, point lit graphic system, building automation interface and complex smoke control operations. Project managed and supervised electrical contracting team for all mentioned systems and currently maintaining all required inspections and services.

**Union Station Denver 2005.** Retro-fitted this historical building with a NOTIFIER NFS-3030 addressable fire system. This system includes voice evacuation notification, Class A type circuits with fire damper system controls. Visual appearance was a very important factor in this project since this is a historical building. Designed and project managed all mentioned systems and currently maintaining all required inspections and services.

**Verizon Cellular Switch Aurora 2007.** Data Center Switch for cellular services. The main building is protected by a NOTIFIER NFS-640 fire system while monitoring multiple FIKE SHP FM-200 Clean Agent Systems and a FIKE High Pressure Water mist fire suppression system for the diesel engine generator room. Had complex shut down and lockout requirements by Verizon along with national specification to meet FM Global Insurance requirements. Designed and project managed all mentioned systems and currently maintaining all required inspections and services.

**Denver Gas & Electric Building 2008-Current.** Retro fitted Main Building with a NOTIFIER NFS-3030 Fire Alarm system that monitors multiple forms of Clean Agent Systems for tenant's computer rooms. We worked directly with the building owners to do an administrative modification to Denver's code amendments of a high rise office building. The amended design provided a major cost saving to the building owner from having to install a redundant audio riser for voice evacuation notification appliances throughout the building.

**Regional Transportation Department 2003 – 2014.** We currently perform all periodic inspections and repairs of Fire Alarm Systems, Sprinkler Systems, Hood Systems and Portable Extinguishers. An Inspection platform was designed for coordination and scheduling for the 102 sites with fire protection systems. Was hired as a consultant with specification group in designing an all-inclusive maintenance plan with a 3 year optional renewal contract.

**Centura Health Administrative Support Center 2010.** In this facility we upgraded the existing Data Center's clean agent suppression system from Halon 1301 to ANSUL's INERGEN high pressure suppression system that is monitored and activated by the main building NOTIFIER NFS-320 control panel. Designed and project managed all mentioned systems and currently maintaining all required inspections and services.

**Comment Wireless Service 2011.** In this facility we provided 3 ANSUL's NOVEC-1230 clean agent suppression systems that are monitored and activated by the main building's IQ-318 intelligent control panel. High Hazard areas were protected by a standalone VESDA early warning detection system with hydrogen (H2) gas detection system that reports to their 24hr Network Operation Center. Designed and installed all mentioned systems and currently maintaining all required inspections and services.

**Digital Globe GeoEye 2012-2013.** In this facility we had partnered up with the designing architect and MEP coordinator to design and supply the building fire alarm, fire protection and all special hazard system for their secured data centers, all power control UPS and Generator rooms. Special Hazard Systems in this building includes a NOVEC-1230 Clean Agent Suppression system with a back-up of Pre-Action Sprinkler System and all emergency shutdown power control functions. The clean agent systems were designed with hot & cold aisle curtain to maintain in rack cooling system efficiency. Designed and installed all mentioned systems and currently maintaining all required inspections and services.

**Lockheed Martin 2012 to 2014.** In this facility we have partnered up with Honeywell Building Solutions to design & supply a Very Early Warning Fire Detection System to meet FM Global Standards. One of the designed & installed systems was in a 120' long X 100' wide with an 80' tall ceiling Anechoic Chamber. This system was integrated into the building fire system that through cross zoning of open space sampling detection and return air plenum space detection it would activate a single interlocked pre-action mechanically controlled telescoping nitrogen pressurized sprinkler system. Since no metallic piping can be installed inside this anechoic chamber the sprinkler heads are concealed during normal operations and telescopes down past the absorbers to extinguish fires and the air sampling detection tubing and all mounting materials were designed and made of CPVC for compatibility use for signaling wave testing. Designed, managed and performed approval acceptance testing with all required jurisdiction.

**Nobel Energy Colorado Springs 2014-Current.** In this facility we had partnered up with their data center architect and MEP engineers to design and install the double interlock sprinkler fire protection and special hazard clean agent system for their secured data center including all Emergency Power Off Systems. Special Hazard Systems in this building includes a NOVEC-1230 Clean Agent Suppression system with a back-up of Pre-Action Sprinkler System and all emergency shutdown power control functions. The clean agent systems were designed with hot & cold aisle curtain to maintain in rack cooling system efficiency. Designed and installed all mentioned systems and currently maintaining all required inspections and services.

**United Airlines Technical Maintenance Hangar Facility 2017-Current.** In this facility, we have partnered up with Honeywell Building Solutions and designed an upgrade for the existing FS-90 system. This is the main building fire alarm system with 4 XLS-3000 networked panels that reports to the latest Honeywell Enterprise Building Integration Computer Graphics System that monitors the overhead foam and foam cannon deluge systems. This change out was performed to minimize the down time to a 1 day changeout. This allowed the facility to stay in operation during the upgrade. Designed, managed and performed approval acceptance testing with all required jurisdiction. Currently doing additional upgrade to some field devices and components.

**Denver International Airport Concourse Expansion 2017.** In this facility we had partnered up with Jensen & Hughes to design and install a deluge sprinkler system to protect the exterior windows of a new concourse. The City of Denver did not want detection with high maintenance cost involvement like the UV-IR detection. We designed a linear heat detection system that will sense a true fire temperature that will activate the deluge system to protect windows from the high temperature fuel fires. Designed and installed all mentioned systems and currently maintaining all required services.



9430 E 40<sup>th</sup> Ave, Denver CO 80238 | Phone 303-629-0221, Fax 303-623-7830

May 14, 2018

Colorado Springs Fire  
2880 International Circle  
Colorado Springs, CO 80910

To whom this may concern,

I confirm that John Drost is an exclusive full-time employee of Frontier Fire Protection.

Otto Lau

A handwritten signature in black ink, appearing to read 'Otto Lau', written over a horizontal line.

Alarm & Detection Manager  
Direct: 303.956.3447  
Email: [otto@frontierfireprotection.com](mailto:otto@frontierfireprotection.com)

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Frontier Fire Protection, LLC

is a

Limited Liability Company

formed or registered on 02/10/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151098885 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/11/2018 that have been posted, and by documents delivered to this office electronically through 05/14/2018 @ 15:51:00 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/14/2018 @ 15:51:00 in accordance with applicable law. This certificate is assigned Confirmation Number 10899500 .



A handwritten signature in cursive script, reading "Wayne W. Williams".

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



FRONFIR-03

TCHIN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> License # 0D21146 San Francisco, CA - Equity Risk Partners - HUB International California 456 Montgomery Street Suite 1200 San Francisco, CA 94104	<b>CONTACT</b> Partners Service Group PHONE (A/C, No, Ext): (415) 874-7168 E-MAIL: psg@equityrisk.com ADDRESS: FAX (A/C, No): (415) 874-7170																					
<b>INSURED</b>  Frontier Fire Protection LLC 2617 W. Holden Place Denver, CO 80203	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Everest National Insurance Company</td><td>10120</td></tr><tr><td>INSURER B:</td><td>Charter Oak Fire Insurance Company</td><td>25615</td></tr><tr><td>INSURER C:</td><td>Everest Indemnity Insurance Company</td><td>10851</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Everest National Insurance Company	10120	INSURER B:	Charter Oak Fire Insurance Company	25615	INSURER C:	Everest Indemnity Insurance Company	10851	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
INSURER E:																						
INSURER F:																						

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR NSED WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		51GL007715-171	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		DT-810-7B313968-COF-17	05/29/2017	05/29/2018	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENT ON \$ 10,000 <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE		51CC002864-171	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Insurance

## CERTIFICATE HOLDER

## CANCELLATION

For Evidence of Coverage Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



FRONFIR-02

VSCOGGINS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/23/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> License # 0757776 <b>HUB International Insurance Services (COL)</b> 1125 17th St Suite 900 Denver, CO 80202	<b>CONTACT</b> Betsy Mease <b>NAME:</b> <b>PHONE</b> (A/C, No, Ext): (303) 382-5177 <b>FAX</b> (A/C, No): (866) 243-0727 <b>E-Mail</b> Address: betsy.mease@hubinternational.com														
<b>INSURED</b>  Frontier Fire Protection, LLC 2617 West Holden Pl Denver, CO 80204	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Pinnacol Assurance Company</td><td>41190</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Pinnacol Assurance Company	41190	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Pinnacol Assurance Company	41190														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	X 4183289	07/01/2017	07/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
A Waiver of Subrogation applies to Workers Compensation.

## CERTIFICATE HOLDER

## CANCELLATION

For Evidence of Coverage Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



# PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle  
Colorado Springs, Colorado 80910  
Website: <http://www.pprbd.org>

5/15/2018 9:54:41 AM  
(SABRINA)  
Receipt #: 1500318

## Invoice

Contractor: FRONTIER FIRE PROTECTION, LLC. (22394)

### Transaction Summary

Account	Description	Reference	Amount
1301-40036	CONTRACTOR FEES APPLICATION	APP FEE	\$50.00
1301-40112	CONVENIENCE FEE WESTERN UNION SPEEDPAY (TELEPHONE)	FEE	\$3.50

Total Due: \$53.50

### Payment Summary

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	610260	\$53.50

Total Tendered: \$53.50

Comment:

I agree to pay above total amount according to card issuer agreement.



# NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

*Providing Certification Programs Since 1961*

**BE IT KNOWN THAT**

**John A. Drost**

**IS HEREBY AWARDED CERTIFICATION AT**

**LEVEL III**

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY  
FIRE ALARM SYSTEMS**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,  
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through April 1, 2019

CERTIFICATION NUMBER 128938

CHAIRMAN OF THE NICET BOARD OF GOVERNORS  
A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



COLORADO SPRINGS FIRE DEPARTMENT

Brett T. Lacey  
Fire Marshal

June 8, 2018

Otto A. Lau  
Frontier Fire Protection  
9340 East 40<sup>th</sup> Avenue  
Denver, Colorado 80238

COPY

Re: Fire Alarm Contractor A License

Dear Mr. Lau:

Pikes Peak Regional Building Department forwarded for Colorado Springs Fire Department's review Frontier Fire Protection's application for a Fire Alarm Contractor A license. Pikes Peak Regional Building Department's Fire Alarm Contractor A licensing requirements have been met and conditional approval is granted to:

Authorize the contractor to design, program, install, add to, alter, service, repair, maintain, test and inspect fire alarm systems, dedicated function systems as well as the necessary control, alarm and detection components of releasing systems and communications methods. The license shall also authorize the contractor obtain permits from the Fire Authority and to obtain a rough-in permit from the Building Department.

This administrative authority will remain in effect until July 13, 2018, when the application will be formally presented to Fire Board of Appeals (FBA) members. After July 13's meeting, another letter, informing you of FBA's position, will be provided. Please retain a copy of this letter on all work sites. It may need to be referenced by fire code enforcement personnel.

You may contact me at 719-385-7355 with any questions.

Respectfully,

Brett T. Lacey  
Fire Marshal

Cc: Wyman Taylor, CSFD Fire Protection Engineer  
Pikes Peak Regional Building Department Licensing



Colorado Springs Fire Department  
375 Printers Parkway  
Colorado Springs, CO 80910-3191  
TEL 719-385-5950 • blacey@springsgov.com



*"Providing the highest quality problem solving, fire and rescue service to our community since 1894."*

# PIKES PEAK REGIONAL BUILDING DEPARTMENT

## Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

### FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☒ FAC-A      ☐ FAC-B

RBD USE ONLY

Date 6-11-2018

Initial BC

Receipt # 1506415

RBD # New

### Business Information

Type of Entity (Check one)    ☐ Individual    ☐ Partnership    ☐ Corporation    ☒ LLC

Business Name: SECURITY TECHNOLOGY SERVICES LLC

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number:                     

Business Address: 4335 S FOX ST

Street Address

Apartment/Unit #

ENGLEWOOD

CO

80110

City

State

ZIP Code

Business Phone: 720-301-2552

Business Email: ALARMTECHTIM@GMAIL.COM

Business Fax: N/A

Business Website: N/A

Company's Principal Officers, Partners, or Owners

Name: TIMOTHY R CALVERT

Title: OWNER/OPER.

Name: N/A

Title:                     

1. Number of years company has operated as a contractor? (If new, write "new") 4 YEARS

2. Type of work performed? (Check one or both, if applicable)      ☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor?    ☐ Yes ☒ No If yes, Explain                     

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain                     

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain                     

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain                     

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain                     

### Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction- License type and number

DENVER CONTRACTORS LIC-244884

DENVER ELECT. SIG. CERT-1053286

AURORA CONTRACTORS LIC-20171400238 00

ENGLEWOOD CONTRACTORS LIC-E04 SPECIA

**Project History (List projects in which this company worked as the contractor.)**

1. Project Street Address: 17886 E GREENWOOD DR. AURORA, CO. 80013

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 2500.00 Date: 04-14-17 Your position: SUB-CONTRACTOR

Describe Job in detail: INSTALLED 21 FIRE ALARMS IN 21 BLDG APT COMPLX.

2. Project Street Address: 310 WILCOX ST., CASTLE ROCK, CO 80104

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 1980.00 Date: 10-31-17 Your position: SUB-CONTRACTOR

Describe Job in detail: INSTALLED FIRE ALARM SYSTEM IN CHURCH

3. Project Street Address: 9364 FEDERAL BLVD. FEDERAL HEIGHTS, CO

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 2000 Date: 11/06/18 Your position: SUB-CONTRACTOR

Describe Job in detail: INSTALLED FIRE ALARM SYSTEM IN DESPENSARY

4. Project Street Address: 3600 TABLE MESA DR, BOULDER, CO 80305

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 1200.00 Date: 12/05/18 Your position: SUB-CONTRACTOR

Describe Job in detail: INSTALLED FIRE PANELS IN KING SOOPERS

5. Project Street Address: 12959 S PARKER RD, PARKER, CO 80134

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 2293.00 Date: 11/27/18 Your position: SUB-CONTRACTOR

Describe Job in detail: INSTALLED FIRE PANELS IN KING SOOPERS

**CERTIFICATION** (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) TIMOTHY R CALVERT

Signature: 

Date: 06-11-18

## Responsible Managing Employee (RME) Information

Legal Name: CALVERT TIMOTHY R  
Last First M.I.

Date of Birth: 11/09/1969 Social Security Number: [REDACTED]

Address: 4335 S FOX ST  
Street Address Apartment/Unit #  
ENGLEWOOD CO 80110  
City State ZIP Code

Phone: 720-301-2552 Fax: N/A Email: ALARMTECHTIM@GMAIL.COM

1. What is your area of expertise in the industry? FIRE ALARM SYSTEMS
2. How long have you worked in the industry? 22 YEARS
3. What is your affiliation with the company? (Owner, partner, employee, etc.) OWNER
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No If yes, Explain \_\_\_\_\_
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

### Certifications

NICET #	NICET Level	Expires
123462	LEVEL #3	09/01/2020
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

### Work History

Company	Position	To	From

**CERTIFICATION** (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): TIMOTHY R CALVERT

Signature of (RME):  Date: 06-11-18

## Licensee Information

Legal Name: CALVERT TIMOTHY R  
Last First M.I.

Date of Birth: 11-09-1969 Social Security Number: [REDACTED]

Address: 4335 S FOX ST  
Street Address Apartment/Unit #  
ENGLEWOOD CO 80110  
City State ZIP Code

Phone: 720-301-2552 Fax: N/A Email: ALARMTECHTIM@GMAIL.COM

1. What is your area of expertise in the industry? FIRE ALARM SYSTEMS
2. How long have you worked in the industry? 22 YEARS
3. What is your affiliation with the company? (Owner, partner, employee, etc.) OWNER
4. Have you ever been convicted of a misdemeanor or felony? ☒ Yes ☐ No If yes, Explain adolescent problems
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

## Certifications

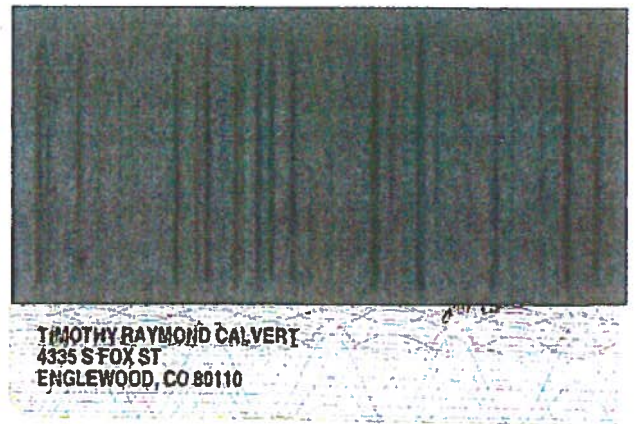
NICET #	NICET Level	Expires
<u>123462</u>	<u>LEVEL #3</u>	<u>09-01-2020</u>
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

## Work History

Company	Position	To	From

**CERTIFICATION** (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): TIMOTHY R CALVERT  
 Signature of (Licensee):  Date: 06-11-18



TIMOTHY RAYMOND CALVERT  
4335 S FOX ST  
ENGLEWOOD, CO 80110



**NATIONAL INSTITUTE FOR CERTIFICATION  
IN ENGINEERING TECHNOLOGIES®**

*Providing Certification Programs Since 1971*



Approval Letter

Name: Timothy R. Calvert  
Date of Award: August 29, 2017  
Certification Number: 123462  
Certification Expire Date: 09/01/2020

It is my pleasure to inform you that recertification has been granted as follows:

**SECURITY SYSTEMS/VIDEO SECURITY SYSTEMS TECHNICIAN/LEVEL I  
FIRE PROTECTION ENGINEERING TECHNOLOGY/FIRE ALARM SYSTEMS/LEVEL III**

You will find your new wallet card attached to the bottom of this letter. Also enclosed with this letter is your new certificate. Your new three-year period of certification is printed on both your wallet card and your certificate. You will need to accumulate another 90 continuing professional development points to continue your certification beyond this new expiration date.

Prior to removing the wallet card from this letter, we advise that you make a copy of the letter for your files as the complete letter may be required as proof of certification.

The interest you have shown in your career development by obtaining professional recognition and status through certification is most commendable. On behalf of the Board of Governors, please accept our congratulations and best wishes.

Very truly yours,

Michael A. Clark  
Chief Operating Executive

remove card slowly



**NATIONAL INSTITUTE FOR CERTIFICATION  
IN ENGINEERING TECHNOLOGIES®**

**Timothy R. Calvert**

**VIDEO SECURITY SYSTEMS TECHNICIAN/I  
FIRE ALARM SYSTEMS/III**

**Timothy R. Calvert  
4335 S Fox Street  
Englewood, CO 80110**

CERT NO. 123462 VALID THRU 09/01/2020



# NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

*Providing Certification Programs Since 1961*

**BE IT KNOWN THAT**

**Timothy R. Calvert .**

**IS HEREBY AWARDED CERTIFICATION AT**

**LEVEL III**

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY  
FIRE ALARM SYSTEMS**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,  
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through September 1, 2020

CERTIFICATION NUMBER 123462

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



OFFICE OF THE CITY CLERK  
LAWFUL PRESENCE AFFIDAVIT

I, TIMOTHY R. CALVERT, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

☒ I am a United States citizen; or

☐ I am a Permanent Resident of the United States; or

☐ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Timothy R. Calvert  
Signature

6/11/18  
Date



Public Works  
Building Division  
15151 E. Alameda Pky  
Aurora, CO 80012  
303-739-7420

1259065

## CONTRACTOR LICENSE

Date of Issue: 12/29/2017

Date of Expiration: 01/01/2019

License Number: 2017 1400238 00 CL

Contractor Name: SECURITY TECHNOLOGY SERVICES LLC

Type of License: Fire Alarm Systems Contractor

Mary Simpkins

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division **Chapter 22 Building and Building Regulations, Article III Contractors Division 22-61 through 22-102** for contractor and supervisor licensee responsibilities.

SECURITY TECHNOLOGY SERVICES LLC  
4335 S FOX STREET  
ENGLEWOOD CO 80110

Cut along perforated line

Wallet

Duplicate



Public Works Building Division  
15151 E. Alameda Parkway  
AURORA, CO 80012  
PHONE NO. (303) 739-7420



Public Works Building Division  
15151 E. Alameda Parkway  
AURORA, CO 80012  
PHONE NO. (303) 739-7420

Valid through: 01/01/2019

Valid through: 01/01/2019

Contractor: SECURITY TECHNOLOGY SERVICES LLC

Contractor: SECURITY TECHNOLOGY SERVICES LLC

Type of License: Fire Alarm Systems Contractor

Type of License: Fire Alarm Systems Contractor

License #: 2017 1400238 00 CL

License #: 2017 1400238 00 CL

A signed license by license official should be  
maintained in your files.

A signed license by license official should be  
maintained in your files.

City and County of Denver  
Community Planning and Development  
[www.denvergov.org/contractor\\_licensing](http://www.denvergov.org/contractor_licensing)

Certificate/Registration Number: CERT1053286

Certificate Type: Electrical Signal Supervisor

Expiration Date: 06/30/2018

By Authority of the Executive Director of  
Community Planning and Development

Issued To:

TIMOTHY R CALVERT  
4335 S FOX ST  
ENGLEWOOD, CO 80110

Amount	Fund/Org/Revenue Code	Payment Date	Trans #	Status
\$60.00	352500-01010-0141200-Z0000-Z0000	06/12/2015	1185906	Paid

**CERTIFICATE MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES**

**RENEWAL INFORMATION**

Renewal notices will be e-mailed to e-mail address on file.  
Renewal information is available at [www.denvergov.org/Contractor\\_Licensing](http://www.denvergov.org/Contractor_Licensing).

**INSPECTION INFORMATION**

Please provide the following information when you call for an inspection:

- √ Permit number
- √ Type of inspection and inspection code

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Inspections are performed Monday through Friday.

**Community Planning and Development  
201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202**

Licenses & Certificates:	720.865.2770
Permit Counter:	720.869.2705
Inspection Administration:	720.865.2505
Automated Inspection Request:	720.865.2501

City and County of Denver  
Community Planning and Development  
[www.denvergov.org/contractor\\_licensing](http://www.denvergov.org/contractor_licensing)

License/Registration Number: LIC244884  
Expiration Date: 12/31/2020  
License Type: Electrical Signal

Issued To:

By Authority of the Executive Director of  
Community Planning and Development

SECURITY TECHNOLOGY SERVICES  
LLC  
4335 S FOX ST  
ENGLEWOOD, CO 80110

Amount	Fund/Org/Revenue Code	Payment Date	Trans #	Status
\$250.00	R352900*-01010-0141200	12/28/2017	3917808	Paid

#### RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on file.  
Renewal information is available at [www.denvergov.org/Contractor\\_Licensing](http://www.denvergov.org/Contractor_Licensing).

#### INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

Wallet Contractor ID Card: **MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.**

Cut on outside of line, then fold in half.

City and County of Denver  
**IDENTIFICATION CARD**

License/Registration No.: LIC244884

This is to certify that SECURITY TECHNOLOGY SERVICES LLC has been issued a Electrical Signal license in the City and County of Denver, beginning on 28 December 2017 and ending on 31 Dec 2020, unless license is revoked.

By Authority of the Executive Director of  
Community Planning and Development



**DENVER**  
THE MILE HIGH CITY

Licenses & Certificates	720 865 2770
Permit Counter	720 865 2705
Inspection Administration	720 865 2505
Automated Inspection Request	720 865 2501

City and County of Denver  
Community Planning and Development  
201 W COLFAX AVE DEPT 205  
DENVER, COLORADO 80202

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Security Technology Services LLC

is a

Limited Liability Company

formed or registered on 05/11/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141298051 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/08/2018 that have been posted, and by documents delivered to this office electronically through 06/11/2018 @ 10:04:30 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/11/2018 @ 10:04:30 in accordance with applicable law. This certificate is assigned Confirmation Number 10947357 .



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/2/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Trust Hall Insurance Services Inc. 7502 W 80th Ave. Suite 180 Arvada CO 80003	<b>CONTACT NAME:</b> Amie Swartz <b>PHONE (A/C, No, Ext):</b> (303) 421-2802 <b>FAX (A/C, No):</b> (303) 421-2886 <b>E-MAIL ADDRESS:</b> kelly@trushall.com
<b>INSURED</b> Security Technologies Services, LLC 4335 S Fox St Englewood CO 80110	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Scottsdale Insurance Co <b>INSURER B:</b> Auto Owners <b>INSURER C:</b> Pinnacol <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** CL17101211439**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CPS2620409	3/22/2017	3/22/2018	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000	
	<input checked="" type="checkbox"/> Errors & Omissions						MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000	
	OTHER:						GENERAL AGGREGATE \$ 2,000,000	
B	AUTOMOBILE LIABILITY		<input checked="" type="checkbox"/>	51-564041-00	01/02/2018	01/02/2019	PRODUCTS - CCMP/OP AGG \$ 2,000,000	
	<input type="checkbox"/> ANY AUTO						GL Non Owned Auto Liability \$ 1,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	DEO						RETENTION \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9385329	01/03/2018	01/01/2019	PER STATUTE CTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Vector Security Holdings, Inc., its affiliates and subsidiaries, officers, directors, agents and employees must be included as additional insureds under general liability and a copy of the CG2010 0704 and CG2037 0704 additional insured endorsements or equivalent must be attached to the certificate. A waiver of subrogation for all policies in favor of Vectra Security Holdings, Inc., its affiliates and subsidiaries, officers, directors, agents and employees applies.

All subcontractor insurance policies must be primary and non-contributory.

**CERTIFICATE HOLDER****CANCELLATION**

Vector Security, Inc.  
13555 Wellington Center Circle  
Suite 123  
Gainesville, VA 20155

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



# PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle  
Colorado Springs, Colorado 80910  
Website: <http://www.pprbd.org>

6/11/2018 11:49:35 AM  
(SABRINA)  
Receipt #: 1506415

## Invoice

Customer: FAC-A SECURITY TECH. SERVICES

### Transaction Summary

Account	Description	Reference	Amount
1301-40036	CONTRACTOR FEES APPLICATION	APP FEE	\$50.00

Total Due: \$50.00

### Payment Summary

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	615667	\$50.00

Total Tendered: \$50.00

Comment: FAC-A TIMOTHY CALVERT

I agree to pay above total amount according to card issuer agreement.

## PIKES PEAK REGIONAL BUILDING DEPARTMENT

### Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (check one)

☐ FAC-A ☒ FAC-B

#### RBD USE ONLY

Date

Initial

Receipt #

RBD #

1509741

### Business Information

Type of Entity (check one) ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC

Business Name: Bonaventure of Colorado Springs

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

State of Colorado Business License Number: 015682170000

Business Address: 9112 Grand Cordera Parkway

Street Address	Apartment/Unit #	
<u>Colorado Springs</u>	<u>Colorado</u>	<u>80924</u>
City	State	ZIP Code

Business Phone: 719-434-5230

Business Email: nschmidt@livebsl.com

Business Fax: 719-434-5231

Business Website: bonaventuresenior.com

Company's Principal Officers, Partners or Owners

Name: Kelley Hamilton Title: CEO, Owner

Name: Chris Jundt Title: CFO

1. Number of years company has operated as a contractor? (if new, write "new") New

2. Type of work performed? (check one or both, if applicable) ☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

### Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction- License type and number


See next sheet of application with signature!

**Project History (List projects in which this company worked as the contractor.)**

1. Project Street Address: NO PROJECT HISTORY--NEW FOR Fire Alarm INSPECTION ONLY

Type of work (check one) ☐ Residential ☐ Commercial

Cost: \_\_\_\_\_ Date: \_\_\_\_\_ Your position: \_\_\_\_\_

Describe Job in detail: \_\_\_\_\_

2. Project Street Address: \_\_\_\_\_

Type of work (check one) ☐ Residential ☐ Commercial

Cost: \_\_\_\_\_ Date: \_\_\_\_\_ Your position: \_\_\_\_\_

Describe Job in detail: \_\_\_\_\_

3. Project Street Address: \_\_\_\_\_

Type of work (check one) ☐ Residential ☐ Commercial

Cost: \_\_\_\_\_ Date: \_\_\_\_\_ Your position: \_\_\_\_\_

Describe Job in detail: \_\_\_\_\_

4. Project Street Address: \_\_\_\_\_

Type of work (check one) ☐ Residential ☐ Commercial

Cost: \_\_\_\_\_ Date: \_\_\_\_\_ Your position: \_\_\_\_\_

Describe Job in detail: \_\_\_\_\_

5. Project Street Address: \_\_\_\_\_

Type of work (check one) ☐ Residential ☐ Commercial

Cost: \_\_\_\_\_ Date: \_\_\_\_\_ Your position: \_\_\_\_\_

Describe Job in detail: \_\_\_\_\_

**CERTIFICATION** (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Chris Jundt

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Project History (List projects in which this company worked as the contractor)**

1. Project Street Address: NO PROJECT HISTORY--NEW FOR Fire Alarm INSPECTION ONLY  
See Nathan Schmitt's resume and letter from Bonaventure.

Type of work (check one) ☐ Residential ☐ Commercial

Cost: \_\_\_\_\_ Date: \_\_\_\_\_ Your position: \_\_\_\_\_

Describe Job in detail: \_\_\_\_\_

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Describe Job in detail: \_\_\_\_\_

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Describe Job in detail: \_\_\_\_\_

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Cost: \_\_\_\_\_ Date: \_\_\_\_\_ Your position: \_\_\_\_\_

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Print name and title (owner, principal or manager) Chris Jundt

Signature: 

Date: 6-21-18

See next sheet of application with signature!

Responsible Managing Employee (RME) Information

Legal Name: Schmidt Nathan R  
Last First M.I.

Date of Birth: 06/09/1976 Social Security Number: [REDACTED]

Address: PO Box 53  
Street Address Apartment/Unit #  
Jefferson Oregon 97352  
City State ZIP Code

Phone: 503-373-3157 Fax: 503-588-3531 Email: nschmidt@livebsl.com

1. What is your area of expertise in the industry? Fire Alarm Installation and Inspection

2. How long have you worked in the industry? 17 years

3. What is your affiliation with the company? (Owner, partner, employee, etc.) Employee

4. Have you ever been convicted of a misdemeanor or felony? ☒ Yes ☐ No If yes, Explain Alteration that happened in November of 2001. They

5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

NICET #	NICET Level	Expires
145629	Fire Alarm Level 2	9/1/2020
P.E. #	Issued	Expires
D.O.T. #	Issued	Expires

Work History

Company	Position	To	From
Bonaventure Senior Living	Life Safety System Manager	Present	1/28/16
F&S Security Electronics	Technician	1/27/16	12/28/04
RLD Systems	Technician	12/27/04	2/10/01

**CERTIFICATION** (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Nathan Schmidt Life Safety Systems Manager

Signature of (RME): \_\_\_\_\_ Date: \_\_\_\_\_

## Responsible Managing Employee (RME) Information

Legal Name: Schmidt Nathan R  
*Last* *First* *M.I.*

Date of Birth: 06/09/1976 Social Security Number: [REDACTED]

Address: PO Box 53  
*Street Address* *Apartment/Unit #*  
Jefferson Oregon 97352  
*City* *State* *ZIP Code*

Phone: 503-373-3157 Fax: 503-588-3531 Email: nschmidt@livebsl.com

1. What is your area of expertise in the industry? Fire Alarm Installation and Inspection

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Print name & title (RME): Nathan Schmidt Life Safety Systems Manager

Signature of (RME):  Date: 6-21-18

See next sheet of application with signature!

Licensee Information

Legal Name: Schmidt Nathan R  
Last First M.I.

Date of Birth: 06/09/1976 Social Security Number: [REDACTED]

Address: PO Box 53  
Street Address Apartment/Unit #  
Jefferson OR 97352  
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4. Have you ever been convicted of a misdemeanor or felony? ☒ Yes ☐ No If yes, Explain Attribution that happened in November of 2001

5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain

6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

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Print name & title (Licensee): Nathan Schmidt Life Safety Systems Manager

Signature of (Licensee): \_\_\_\_\_ Date: \_\_\_\_\_

**Licensee Information**

Legal Name: Schmidt Nathan R  
*Last First M.I.*

Date of Birth: 06/09/1976 Social Security Number: [REDACTED]

Address: PO Box 53  
*Street Address Apartment/Unit #*  
Jefferson OR 97352  
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Print name & title (Licensee): Nathan Schmidt Life Safety Systems Manager

Signature of (Licensee): [Signature] Date: 6-21-18

SCHMIDT, NATHAN RYAN  
488 N 3RD ST  
PO BOX 53  
JEFFERSON, OR 97352

## Building Codes Division

Issue Date: 9/26/2017  
Expire Date: 10/1/2020  
License No: 4374LEA



LTD ENERGY TECHNICIAN CLASS A

**NATHAN R SCHMIDT**

PO BOX 53

JEFFERSON, OR 97352



NATIONAL INSTITUTE FOR CERTIFICATION  
IN ENGINEERING TECHNOLOGIES®



**Nathan Ryan Schmidt**

FIRE ALARM SYSTEMS/II

CERT NO. 145629 VALID THRU 09/01/2020

# NATHAN SCHMIDT

PO BOX 53 Jefferson, OR 97352 · 503-409-3809  
nschmidt@livebsl.com

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## EXPERIENCE

**1/28/16 – PRESENT**

**LIFE SAFETY SYSTEMS MANAGER, BONAVENTURE SENIOR LIVING**

I am in charge of all of the life safety systems in the buildings. I do the annual fire alarm and nurse call inspections. I travel all over Oregon, Washington, and Colorado and visit each building to make sure our life safety systems are in working order.

**12/28/04 – 1/27/16**

**LOW VOLTAGE TECHNICIAN, F&S SECURITY ELECTRONICS**

I installed and tested fire alarm and security system. A large part of the job was wiring, installing, and inspecting apartment complexes for fire alarm and sprinkler system monitoring. I also did fire alarm inspections for many commercial buildings in Salem, OR and surrounding areas.

**2/10/01 – 12/27/04**

**LOW VOLTAGE TECHNICIAN, RLD SYSTEMS**

I would wire, install, test, and inspect fire alarm systems for senior living communities and various commercial buildings. Work was completed all over Oregon, Washington, Idaho, and California.

**I HAVE BEEN INSTALLING, TESTING, AND INSPECTING FIRE ALARM SYSTEMS FOR OVER 17 YEARS.**

**ALL I NEED TO DO IS THE FIRE ALARM INSPECTION ON MY BUILDING IN COLORADO SPRINGS ONCE A YEAR. ANY WORK/REPAIR THAT NEEDS TO BE DONE AT THIS OR ANY OF MY COLORADO LOCATIONS I HAVE A LOCAL COLORADO SPRINGS COMPANY (ESI- ELECTRONIC SYSTEMS INTERNATIONAL)DO IT FOR ME.**



To whom it may concern:

Nathan Schmidt is my direct report and has been a full time employee at Bonaventure since January 2016.

Thank you,

A handwritten signature in black ink, appearing to read 'John Andrews'.

John Andrews  
Bonaventure Senior Living  
Director of IT

Client#: 111788

MOUNWEST1

**ACORD™****CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/14/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> <b>Propel Insurance</b> <b>Tacoma Commercial Insurance</b> <b>1201 Pacific Ave, Suite 1000</b> <b>Tacoma, WA 98402</b>		<b>CONTACT NAME:</b> Anthony Reto <b>PHONE (A/C, No, Ext):</b> 800 499-0933 <b>FAX (A/C, No):</b> 866 577-1326 <b>E-MAIL ADDRESS:</b> anthony.reto@propelinsurance.com															
<b>INSURED</b> <b>Bonaventure of Colorado Springs</b> <b>9112 Grand Cordera Parkway</b> <b>Colorado Springs, CO 80924</b>		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Fire &amp; Marine Insurance</td> <td>20079</td> </tr> <tr> <td>INSURER B : Church Mutual Insurance Company</td> <td>18767</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Fire & Marine Insurance	20079	INSURER B : Church Mutual Insurance Company	18767	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :																	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		NSC100051	11/13/2017	11/13/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$200,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 Policy Aggr \$8,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			030023609055162	11/13/2017	11/13/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			FNSC100051	11/13/2017	11/13/2018	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
C	Crime			106414696	11/13/2017	11/13/2018	\$1,097,347/\$10,000 Ded
A	WA Stop Gap			NSC100051	11/13/2017	11/13/2018	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Terrorism Included for General/Professional Liability and Umbrella.

**CERTIFICATE HOLDER****CANCELLATION**

For Evidence Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Issuing Company:  
National Fire & Marine Insurance Company  
Omaha, Nebraska

***THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.***

Endorsement No.:

Forming Part of Policy No.:

Issued to:

Effective Date of Endorsement: at 12:01 a.m. at the address of the First Named Insured stated herein.

**BLANKET ADDITIONAL INSURED – MORTGAGEE, PREMISES LESSOR OR EQUIPMENT LESSOR  
ENDORSEMENT (GENERAL LIABILITY)**

Only with respect to coverage provided under this endorsement and under the General Liability Coverage Part, and in consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The definition of **additional insured** in the Definitions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

**Additional insured** means a **mortgagee, premises lessor or equipment lessor** named in a **claim** or **potential claim** that arises from an **event**, offense or accident that results from the acts or omissions of an **insured** with respect to the ownership, maintenance, operation or use of premises or equipment mortgaged or leased to a **named insured** that took place during the term of the mortgage or lease for those premises or equipment. However, such **mortgagee, premises lessor or equipment lessor** is not an **additional insured** with respect to **losses** arising from, or in connection with, any acts or omissions alleged to have been committed by that **mortgagee, premises lessor or equipment lessor**.

The following definition is added to the Definitions section of the Common Policy Provisions and Conditions:

**Mortgagee, premises lessor or equipment lessor** means any person or organization who provides premises and/or equipment to an organization that is a **named insured** pursuant to a written mortgage or lease agreement during the **policy period**.

The following subparagraph is added to all Insuring Clauses of the General Liability Coverage Part:

The **company's** duty to defend and pay **losses** or **claims expense** on behalf of any **insured** shall extend to any **additional insured** meeting the terms and conditions of this policy, but only with respect to any **loss** or **claims expense** payable as the result of the **additional insured's** vicarious liability for the acts or omissions of an **insured** otherwise covered under this Coverage Part.

However, the coverage provided to an **additional insured** shall not be broader than that which an **insured** is required by written contract or agreement to provide to that **additional insured**. Additionally, coverage shall not apply to structural alterations, new construction or demolition operations performed by or on behalf of an **additional insured**.



**Issuing Company:**  
**National Fire & Marine Insurance Company**  
**Omaha, Nebraska**

The following provision is added to the Limits of Liability section of the General Liability Coverage Part:

**ADDITIONAL INSUREDS**

All **additional insureds** share the Limits of Liability applicable to any **claim** with any **insured** for which the **additional insured** is alleged to be vicariously liable with respect to that same **claim**.

**All other terms and conditions of the policy remain unchanged.**

Client#: 134290

MOUNWEST4

ACORD<sub>TV</sub>

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/15/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Propel Insurance Salem Workers' Compensation 3220 State Street Suite 130 Salem, OR 97301	CONTACT NAME: <b>Traci Greene</b>	
	PHONE (A/C, No, Ext): <b>800 499-0933</b>	FAX (A/C, No): <b>866 577-1326</b>
	E-MAIL ADDRESS: <b>traci.greene@propelinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
INSURED  <b>Mountain West Retirement Corporation</b> <b>3425 Boone Rd SE</b> <b>Salem, OR 97317</b>	INSURER A : SAIF Corporation	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			757903	04/01/2018	04/01/2019	X PER STATUTE X OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Coverage - Oregon

Bonaventure of Colorado Springs

CERTIFICATE HOLDER	CANCELLATION
Mountain West Retirement Corporation 3425 Boone Road SE Salem, OR 97317	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that,  
according to the records of this office,

Bonaventure of Colorado Springs LLC

is an entity formed or registered under the law of Oregon, has complied with all  
applicable requirements of this office, and is in good standing with this office. This entity has  
been assigned entity identification number 20081219003 .

This certificate reflects facts established or disclosed by documents delivered to this office on  
paper through 05/14/2018 that have been posted, and by documents delivered to this office  
electronically through 05/16/2018 @ 12:41:26 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this  
official certificate at Denver, Colorado on 05/16/2018 @ 12:41:26 in accordance with applicable law.  
This certificate is assigned Confirmation Number 10903737 .



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



# PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle  
Colorado Springs, Colorado 80910  
Website: <http://www.pprbd.org>

6/22/2018 9:50:25 AM  
(REBECCA)  
Receipt #: 1509741

## Invoice

Customer: Nathan Schmidt

Transaction Summary				
Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	FAC-B	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	FAI	\$50.00
1301-40112	CONVENIENCE FEE	WESTERN UNION SPEEDPAY (TELEPHONE)	FEE	\$3.50

Total Due: \$103.50

Payment Summary				
Account	Description		Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card		618669	\$103.50

Total Tendered: \$103.50

Comment: APPLICATION FEES

I agree to pay above total amount according to card issuer agreement.

To Whom It May Concern:

As a company we perform all of our own fire alarm inspections. My position at Bonaventure is to make sure all life safety system are up and working properly in all of our buildings. My predecessor started doing the fire alarm inspections for the company in April of 2003. I took over for him in January of 2016 and have continued to do them.

Sincerely,

Nathan Schmidt

*Excellence in Retirement, Assisted Living & Memory Care*

Bonaventure Senior Living | 3425 Boone Road SE | Salem, OR 97317 | (503) 566-5715

*[BonaventureSenior.com](http://BonaventureSenior.com)*